U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Mars 12-8	2. Fiscal Year Covered From:
6195	1 / 2004 Through: 42 / 3] / 2004
3. Name and address of person filing.	Name, file number, and øddress of labor organization.
Name Richard D STavizzon	Name Pol Bld TRAdes Course C
	Labor Organization File Number 6 to 012-12 8
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 15 21 Banks Will Pa	Street 1231 Banksulle 12
City	City Republic
State ZIP Code + 4 /32/4	State ZIP Code +4 /52/6
5. Position in labor organization.	
Enter appropriate data below if, during the past flacal year, you or your spo	use or minor child directly or indirectly had any of the following interests
(except as specified in the exch	islons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.
	7.a. Nature of Interest, Transaction, or Income.
Name	
Name Name, if any:	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filling	2 STAN1770	File Number U 2 m 0/2 - 12 8
oticha.	2K U/AN1770	1,0,2,2,8
B. Held an interest in or derived income substantial part of which consists of but of an employer whose employees your (2) any part or which consists of buying dealing with your labor organization or	ying from, selling or leasing to, or othe labor organization represents or is ac I from or selling or leasing directly or i	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
o Name and address of Business (inclu		9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any	one Phothem Ct	a. Labor Organization b. Trust
Street 1/2 Washing Tow		c. Employer
State , Po.	ZIP Code + 4 15219	
10. If 9 b. or 9.c. is checked give trust	or employer's name.	Inbon Management Holf Outing
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing.
City	ZIP Code + 4	12.a. Nature of interest held or income received.
	2.7 0330 7	
	,	
		12.b. Amount.
C. Received from any employer or from any labor relations consultat	(other than an employer covered on to an employer any payment of mo	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer (including trade name, if any).	or Labor Relations Consultant	14.a. Nature of payment
Name		
Trade Name, it any:		
P.O. Box, Bldg., Room No., if any		
Street		
City State	710.0	
- Crate	ZIP Code + 4	

14.b. Amount of payment.

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or Consultant

13.6. Is the Business an Employer

Name of Person Filing Lichard Staning	File Number U- L M 012 - 128
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name Koerner, Colorusso & Bloom	9. Business deals with:
Name Koerner, Colarusso al Bloom Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street / GoTeway Ct.	c. Employer
City PL	
State ZIP Code + 4 /5222	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Christmas Gift
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 74.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	hone
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

dealing with your labor organization or with a trust in which your labor or	ganization is interested.
3. Name and address of Business (including trade name, if any).	9. Business deals with:
Name  /RONWORKER Employer Assoc  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	a. Labor Organization b. Trust
Street 2270 Nobles Town Rd	(c) Employer
City Pal.	
State Pa. ZIP Code + 4 /52 0 5	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name / Runworker Engloyer Assoc.	Annual Assoc. Dinner 112.23
ا لا الاستخداد الاستداد الاستخداد الاستخداد الاستخداد الاستخداد الاستخداد الاستخداد ا	Business Agent Retisement Lunch 50.94
P.O. Box, Bidg., Room No., if any	
Street 2270 NoblesTown Rd	11.b. Approximate dollar value of such dealing. / 6 3 . 1 7
City 66 L	12.a. Nature of interest held or income received.
State 2. ZIP Code + 4 /52 0 5	juone
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant ?

Name of Person Filing Richard STAN1770	File Number U- LM 0/2-128
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PNC Advisors	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 2 Ph C Plaza 620 Liberty Ave City Pah	
•	
State Pa ZIP Code +4 /5222	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Business Dinner 4/27/04 54.00
Trade Name, if any:	Signal yego,
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 472,18
City	12.a. Nature of interest held or income received.
State ZiP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone	der parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing (uhand STANIZO	File Number U- L M 0/2-/28
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Gem Group	9. Business deals with:
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  P.O. Box, Bldg., Room No., if any	a. Labor Organization  b. Trust  c. Employer
State ZIP Code + 4 /5 Z Z Z	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Rel Tenlar scholansking Golf Outing
Trade Name, if any:	, r
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	11.b. Approximate dollar value of such dealing. 2/6  12.a. Nature of interest held or income received.
State ZIP Code + 4	Table 1 Marie St. Microst Hold St. Microst 1999/1994.
	None
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part or which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

3. Nature your addresses of Punisages linelading trade name if and	O Durings deals with:
Name High mark Blue Cross Blue Shield	9. Business deals with:
Name Pright mark 1910 Cress 15100 Saint	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any FIFTH Ave Ance Street 120 FIFTH Ave	c. Employer
City	
State ZIP Code + 4 /5222-3099	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Labor Manage ment 6.00 octing
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. 150
Stare ZIP Code + 4	12.a. Nature of interest field of income received.
211 Code 14	
*	
	12.b. Amount.
C. Received from any employer (other than an employer covered uno	der parts A and B above)
or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, it any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Richard Stanizzo	File Number U/M0/2-128
3. meld an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of or an employer whose employees your labor organization represents or is a (2) any part or which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise
5. Name and address of Business (including trade name, if any).	9. Business deals with:
Name YANN PARTICLES	a, Labor Organization
Frade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any SulE 3000 Street 3/0 MRANT St	c. Employer
Street 3/0 BRANT ST	C. Employer
Cuy 67h	
State 21P Code + 4 152/5 2	<i>30</i> 2
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Holf Outing
Trade Name, if any:	J J
P.O. Box, Bldg., Room No., if any	
Street	11.b, Approximate dollar value of such dealing. 300
Спу	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	under parts A and B above) noney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box. Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
42 h ta ta 2 minus (5	14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant